

**Political Organization
Report of Contributions and Expenditures**

OMB No 1545-1696

▶ See Separate instructions.

A For the period beginning January 1, 20 13 and ending June 30, 20 13

B Check applicable boxes ☐ Initial report ☒ Change of address ☐ Amended report ☐ Final report

1 Name of organization Show Me State Excellence in Public Service Series **Employer identification number** 27-0149412

2 Mailing address (P.O. Box or number, street, and room or suite number)
233 Greenwich Drive, PMB #216
City or town, state, and ZIP code
Lee's Summit, MO 64082

3 E-mail address of organization carol@showmestateseries.com **4** Date organization was formed 07/01/2009

5a Name of custodian of records Carol Murphy-Kennedy **5b** Custodian's address 4085 SW Lido Dr
Lee's Summit, MO 64082

6a Name of contact person Carol Murphy-Kennedy **6b** Contact person's address 4085 SW Lido Dr
Lee's Summit, MO 64082

7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number
4085 SW Lido Drive
City or town, state, and ZIP code
Lee's Summit, MO 64082

8 Type of report (check only one box)

- a** ☐ First quarterly report (due by April 15)
b ☐ Second quarterly report (due by July 15)
c ☐ Third quarterly report (due by October 15)
d ☐ Year-end report (due by January 31)

- e** ☒ Mid-year report (Non-election year only-due by July 31)

f ☐ Monthly report for the month of: _____
(due by the 20th day following the month shown above, except the December report, which is due by January 31)

g ☐ Pre-election report (due by the 12th or 15th day before the election)
(1) Type of election: _____
(2) Date of election: _____
(3) For the state of: _____

h ☐ Post-general election report (due by the 30th day after general election)
(1) Date of election: _____
(2) For the state of: _____

9 Total amount of reported contributions (total from all attached Schedules A).	9	<u>5500.00</u>
10 Total amount of reported expenditures (total from all attached Schedules B).	10	<u>4230.76</u>

Sign Here

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete

Signature of authorized official Carol Murphy-Kennedy

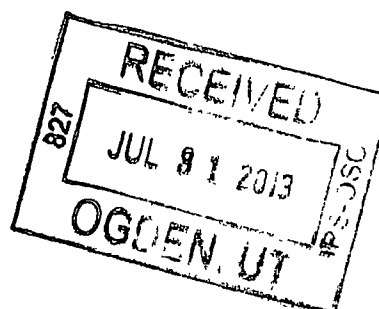
Date 7-23-13

For Paperwork Reduction Act Notice, see separate instructions.

Cat No 30406G

Form **8872** (11-2002)

SCANNED AUG 02 2013



4

Schedule A Itemized Contributions		Schedule A page 1 of 1
Name of organization		Employer identification number
Contributor's name, mailing address and ZIP code Jeanne Lillig-Patterson PO Box 790, 11410 Dickey Lane Captiva, FL 33924	Name of contributor's employer Not employed Contributor's occupation Not employed Aggregate contributions year-to-date . . . ▶ \$ 3000.00	Amount of contribution \$ 3000.00 Date of contribution 1/6/2013
Contributor's name, mailing address and ZIP code Herzog Contracating Corp PO Box 1089 St. Joseph, MO 64502-1089	Name of contributor's employer N/A Contributor's occupation N/A Aggregate contributions year-to-date . . . ▶ \$ 2500.00	Amount of contribution \$ 2500.00 Date of contribution 3/7/2013
Contributor's name, mailing address and ZIP code	Name of contributor's employer Contributor's occupation Aggregate contributions year-to-date . . . ▶ \$	Amount of contribution \$ Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer Contributor's occupation Aggregate contributions year-to-date . . . ▶ \$	Amount of contribution \$ Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer Contributor's occupation Aggregate contributions year-to-date . . . ▶ \$	Amount of contribution \$ Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer Contributor's occupation Aggregate contributions year-to-date . . . ▶ \$	Amount of contribution \$ Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer Contributor's occupation Aggregate contributions year-to-date . . . ▶ \$	Amount of contribution \$ Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer Contributor's occupation Aggregate contributions year-to-date . . . ▶ \$	Amount of contribution \$ Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer Contributor's occupation Aggregate contributions year-to-date . . . ▶ \$	Amount of contribution \$ Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer Contributor's occupation Aggregate contributions year-to-date . . . ▶ \$	Amount of contribution \$ Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer Contributor's occupation Aggregate contributions year-to-date . . . ▶ \$	Amount of contribution \$ Date of contribution
Subtotal of contributions reported on this page only. Enter here and also include this amount in the total on line 9 of Form 8872 ▶		\$

Schedule B Itemized Expenditures		Schedule B page 1 of 1
Name of organization Show Me State Excellence in Public Service Series		Employer identification number 27-0149412

Recipient's name, mailing address and ZIP code Carol Murphy-Kennedy 4085 SW Lido Dr. Lee's Summit, MO 64082	Name of recipient's employer Show Me State Excellence in Public Serv Series	Amount of expenditure \$ 1057.69
	Recipient's occupation Executive Director	Date of expenditure 1/6/2013
Purpose of expenditure Salary		

Recipient's name, mailing address and ZIP code Carol Murphy-Kennedy 4085 SW Lido Dr. Lee's Summit, MO 64082	Name of recipient's employer Show Me State Excellence in Public Serv Series	Amount of expenditure \$ 1057.69
	Recipient's occupation Executive Director	Date of expenditure 1/17/2013
Purpose of expenditure Salary		

Recipient's name, mailing address and ZIP code Carol Murphy-Kennedy 4085 SW Lido Dr. Lee's Summit, MO 64082	Name of recipient's employer Show Me State Excellence in Public Serv Series	Amount of expenditure \$ 1057.69
	Recipient's occupation Executive Director	Date of expenditure 3/14/2013
Purpose of expenditure Salary		

Recipient's name, mailing address and ZIP code Carol Murphy-Kennedy 4085 SW Lido Dr. Lee's Summit, MO 64082	Name of recipient's employer Show Me State Excellence in Public Serv Series	Amount of expenditure \$ 1057.69
	Recipient's occupation Executive Director	Date of expenditure 6/20/2013
Purpose of expenditure Salary		

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure
		\$
	Recipient's occupation	Date of expenditure
Purpose of expenditure		

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure
		\$
	Recipient's occupation	Date of expenditure
Purpose of expenditure		

Subtotal of expenditures reported on this page only. Enter here and also include this amount in the total on line 10 of Form 8872.	\$
---	-----------

